

## PROPOSED RULE MAKING

CR-102 (June 2004) (Implements RCW 34.05.320) Do NOT use for expedited rule making

Agency: Home Care Quality Authority					
Preproposal Statement of Inquiry was filed as WSR <u>09-08-079</u> Expedited Rule MakingProposed notice was filed as WSR Proposal is exempt under RCW 34.05.310(4).	<ul> <li>☑ Original Notice</li> <li>☐ Supplemental Notice to WSR</li> <li>☐ Continuance of WSR</li> </ul>				
Title of rule and other identifying information: (IP Fingerprinting, 120 Day Provisional Hire)					
The Agency is amending and adopting new rules in WAC 257-10, Home Care Quality Authority – Referral registry: Amending 257-10-120 "What qualifies individual providers or prospective individual providers to be included on the referral registry?"					
Hearing location(s): Home Care Quality Authority Board Room 4317 6 <sup>th</sup> Avenue SE, Suite 101, Lacey, WA 98503  Link to HCQA map available from: <a href="http://www.hcqa.wa.gov/Contact/contact_hcqa.html">http://www.hcqa.wa.gov/Contact/contact_hcqa.html</a> or by calling (360) 493-9350.	Submit written comments to: Name: Lisa Livingston, HCQA Rules Coordinator Address: PO Box 40940, Olympia, WA 98504-0940 Delivery: 4317 6 <sup>th</sup> Avenue SE, Suite 101, Lacey, WA 98503 e-mail: <a href="mailto:livingston@hcqa.wa.gov">livingston@hcqa.wa.gov</a> fax: (360)493-9380  by 5:00pm on August 25th, 2009				
Date: August 25th, 2009 Time: 11:00am	Assistance for persons with disabilities: Contact: Lisa Livingston, by August 18th, 2009				
<b>Date of intended adoption:</b> Not earlier than September 22, 2009 (Note: This is <b>NOT</b> the <b>effective</b> date)	Ph: (360) 493-9350				
Purpose of the proposal and its anticipated effects, including an	y changes in e	xisting rules:			
To maintain consistency with other WAC, statute and policies related to fingerprint-based background check requirements for individual providers.					
This amendment will allow for a provider to be placed on the referral registry for a 120-day provisional period pending the outcome of the fingerprint check.					
Reasons supporting proposal: See above.					
Statutory authority for adoption: RCW 74.39A.280 (3) Authority Duties; Title 74 RCW	Statute being implemented: RCW 74.39A.280 (3)				
Is rule necessary because of a: Federal Law?		CODE REVISER USE ONLY			
Federal Caw? Federal Court Decision? State Court Decision? If yes, CITATION:  Yes No Yes No		OFFICE OF THE CODE REVISER STATE OF WASHINGTON FILED			
DATE May 20 <sup>th</sup> , 2009 NAME (type or print)		ATE: July 22, 2009 ME: 11:24 AM			
Rick Hall SIGNATURE  JEGGARD	V	/SR 09-15-192			
TITLE Executive Director					

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters: N/A					
Name of propon	ent: (person or organization) H	ome Care Quality Authority	☐ Private		
	,, 		Public Governmental		
Name of agency	personnel responsible for: Name	Office Location	Phone		
Drafting L		P.O. Box 40940, Olympia, WA 98504-0940	(360) 493-9350		
ImplementationL		P.O. Box 40940, Olympia, WA 98504-0940	(360) 493-9350		
Enforcement		P.O. Box 40940, Olympia, WA 98504-0940	(360) 493-9350		
		ment been prepared under chapter 19.85 RCW?	(300) 493-9330		
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Yes. Attach copy of small business economic impact statement.					
A copy Nam	y of the statement may be obta	ined by contacting:			
Addr	ress:				
phor	ne ( )				
fax	( )				
e-mail					
⊠ No. Explai	in why no statement was prepa	red.			
The Agency has determined that no new costs will be imposed on small businesses or non-profit organizations.					
Is a cost bonefit	analysis required under RCV	N 24 05 2202			
☐ Yes A pr Nam	-	may be obtained by contacting:			
	ress:				
phor	ne ( )				
fax	( )				
e-m					
⊠ No: Plea	ase explain: Rule are exempt pe	er RCW 34.05.328 (5)			